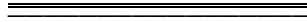


**The Bill Blackwood
Law Enforcement Management Institute of Texas**



Annual Mental Health Evaluations for Texas Peace Officers



**A Leadership White Paper
Submitted in Partial Fulfillment
Required for Graduation from the
Leadership Command College**



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ABSTRACT

Police officers have been extremely apprehensive to seek out help for issues that plague the profession, such as high suicide rates, high rates of domestic violence, and even high rates of substance abuse. This is a huge issue that affects all law enforcement offices as they, themselves, struggle with these problems or know of someone who is dealing with one or more of these troubles. The law enforcement community has done little in the way of preventive measures or even in the way of helping those that are found to be dealing with these thoughts and issues. The Texas Commission on Law Enforcement (TCOLE) should mandate that every certified peace officer in the state of Texas be evaluated annually by a mental health professional to aid in early detection of suicidal thoughts, substance abuse, and possibly family issues that may turn out violent. The idea being that early detection of these issues will prevent loss of officer lives, loss of officers due to substance abuse issues, and loss of officers falling afoul of the laws they are asked to uphold. TCOLE can make a great stride toward improving officers' quality of lives and length of good careers by mandating these valuable evaluations.

TABLE OF CONTENTS

	Page
Abstract	
Introduction	1
Position	2
Counter Arguments	6
Recommendation	10
References	12

INTRODUCTION

Law enforcement officers are placed in situations that would qualify as stress related on almost a daily basis. The situations are not simply seeing dead people or injured persons. The situations officers are subjected to can range from having to shoot a person all the way to having to see videos of very small children forced into sexual acts. These officers are not apt to speak with mental health professionals to help them cope with these events. These officers are having mental health issues such as suicidal thoughts and actions, substance abuse, and domestic issues that often result in violence. Early detection of these issues would allow for the officers to get the help they need to get these issues solved, or at least coped with or avoided, before they become detrimental.

This will prove to be highly beneficial for not only the officers, but certainly their families and friends, along with the department they are employed by and the community they serve would not be losing a valuable, trained and experienced officer. The family members will benefit by having a mentally healthy person in the household. The department that employs the officer will benefit from having a healthy minded officer who is not suffering from suicidal thoughts, substance abuses, and possibly domestic issues. These problems with an officer in a smaller department, having less than 10 officers, could almost cripple the department as a whole. Some of these issues even manifest as a result of the other issues. For instance, substance abuse can be a factor in domestic violence, and domestic violence can lead to depression as a path to suicide by the officer.

There is a stigma that officers who are suffering from these issues should hide the problem and try to deal with it alone. This is, of course, the absolute wrong way to solve this problem. The stigma of mental health issues in law enforcement needs to be overcome and addressed in a timely manner. In 2015, the Department of Justice (DOJ) completed a task set forth by then President Barack Obama to establish a direction for 21st century policing in which a pillar listed at 6.1.3 makes it clear that police officers should have more frequent mental health evaluation that extend beyond pre-hiring procedures (The Institute for Community Police Relations, 2015). Bill Blackwood's Law Enforcement Management Institute of Texas has a valuable program called Post Critical Incident Seminar (PCIS) that is available for officers who are having trouble dealing with a specific incident. While extremely valuable, this program is only used when an officer vocalizes an issue, a family member notices the officer is having trouble coping with an issue, or even another officer may see that the officer is struggling with a critical incident. This makes the PCIS program underutilized. By diagnosing these issues sooner and having them presented to the officer, the program will see an explosion in growth to assist officers in need. The Texas Commission on Law Enforcement (TCOLE) should mandate that every certified peace officer take a mental health evaluation annually.

POSITION

One of, if not the most important reason peace officers should annually be interviewed by a mental health profession is the fact that peace officers do, as a general profession, have a high rate of suicides. In fact, in 2016, an estimated 108 officers took their own lives nationwide (Kulbarsh, 2017). However, this number is generally

accepted to be misreported or under reported by law enforcement agencies in regards to their officers committing suicide (The International Association of Chiefs of Police, 2018). It had been determined that the under reporting is due to departments not wanting to label the act of suicide because of death benefits to the family or due to shame for the family. When reviewing the Officer Down Memorial Page, it can be found that a total of 59 peace officers and correctional officers were killed through felonious efforts of other persons (Officer Down Memorial Page, 2017). When one considers that 108 officers died by suicide while 59 died by the hands of another person, it can be concluded peace officers are twice as likely to die at their own hands than they are at the hands of another. Police officers are found to commit suicide at a rate that exceeds the national average for the general population by one and half times (Roufa, 2017).

Suicidal thoughts are treatable with early detection and intervention. One such manner of addressing suicidal thoughts that has been identified through the annual testing procedures would be speaking with others about how these thoughts affect other thoughts and thinking processes commonly known as talk therapy (Dryden-Edwards, 2016). This therapy would allow the participant to gain knowledge of coping skills and strategies to lessen or eliminate thoughts of suicide or depression. If an officer is not provided with these coping skills or another form of intervention, the family loses a loved one, the department loses a skilled officer and friend, while the community as a whole loses a hero.

The next major value gained by having all certified peace officers take annual mental health evaluations is the identification, prevention, and treatment of substance abuse issues that seem to plague law enforcement as a whole. One of the most

common, and sadly accepted, forms of substance abuse participated in by law enforcement officers at an alarming rate is alcohol abuse. While alcoholism is certainly not the only form of substance abuse among law enforcement, it is sadly the most prevalent. Some of the other less common forms of substance abuse include pain medication and even the same types of narcotics officers fight to eliminate every day from their communities, like cocaine and methamphetamine. Due to the fact that alcoholism is the most prevalent, it will be directly addressed in this point, but it should be remembered that the information and arguments in this section pertain to all substance abuses. With a possible 20% of officers in law enforcement being affected by alcoholism, it is very alarming and clear that this is a real and valid concern for all of law enforcement (Lindsay, 2008). The rate of 20%, if true and accurate, is roughly double the rate of alcoholism in law enforcement as it is in the general population of which is roughly 10% (Maldonado, 2018). With so many ways available to seek and obtain help, such as Alcoholics Anonymous (AA) and Narcotics Anonymous (NA), it makes one wonder why do officers not get the help they need to overcome this issue. That is a somewhat simple to answer question. Over consumption of alcohol in law enforcement is generally accepted and overlooked. Officers do not self-identify the overconsumption of alcohol as an issue of alcoholism until it has become an insurmountable problem that has begun to affect family, social life, and work performance and/or attendance. By having certified peace officers mandated to take annual mental health evaluations, the officers would be much more likely to get information on the fact they may suffer from a substance dependency. The officer could then be afforded the correct treatment to help them move forward in a positive manner,

rather than ignoring the warning signs and continuing down a dangerous path. In a unique “study conducted by AA in 2014 showed that 27% of the more than 6,000 who participated in the study were sober for less than a year” (American Addiction Center, 2018, para. 13). The study also showed that “24% of the participants were sober 1-5 years while 13% were sober 5-10 years. Fourteen percent of the participants were sober 10-20 years, and 22% were sober for 20 or more years” (American Addiction Center, 2018, para. 13). These figures are not perfect, but they do reflect hope and a chance for these affected officers to get back on track and stay sober. The key to the success of these officers is early detection by mandatory annual mental health evaluations.

A third point to be made in this article is that mandatory annual mental health evaluations will uncover identifiable problems officers may be having with domestic issues that could eventually lead to domestic violence. Some authorities have examined the possibility that certain personalities or behavioral characteristics of police officers contribute to domestic violence within police families (Wallace, 2005). Aggressive action by the officer on a family member can certainly be curbed through early detection procedures (Lott, 1995). This early detection and intervention can be gained through the mandatory participation in annual mental health evaluations as has been suggested multiple times in this article. This would not only be beneficial to the officer by preventing any violent act that would cost him his career, family and freedom, but also the embarrassment and shame of an arrest for domestic violence. This would help the officer’s family by preventing these possible assaults, all night fights and becoming socially absent to prevent public scenes that can be a result of domestic

issues. Furthermore, the department the officer works for avoids losing a valuable, already trained employee, avoids having to arrest one of its own, and avoids any departmental shame associated with one of its officers being charged with a domestic violence charge. An arrest for domestic violence and a subsequent protective order would certainly make it mandatory the department terminate the employment of the officer due to the fact he/she could not be in possession of a firearm during the time the protective order is in place, thus making him/her unemployable.

COUNTER ARGUMENTS

One can already hear the voices of city administrators, chiefs of police and financial directors asking what the cost will be to complete and maintain these evaluations. The evaluation that the officers would be mandated to take could cost upwards of \$2,800 per officer and would take several phases to complete such as the administration of the test, scoring the test, and reporting the results as determined by the doctor (American Health & Wellness Institute, 2018). After receiving the results back, the department would certainly need to provide the officer with any services appropriate to assist in solving or coping with any issues found to be affecting the officer. This would of course, cost even more money, with some counseling costing hundreds of dollars a session. Some smaller agencies may even be required to send officers, who are determined to need some form of intervention to prevent or cure issues found in the evaluation, to larger cities to seek out the help needed due to lack of resources in smaller communities. This could all total big amounts of money for each officer that is determined to have an issue or is headed toward danger. That number could even reach higher if the agency is having to pay other officers overtime to cover

shifts for the officer requiring the help to travel to other cities to get that help. Cost might even be affected by needing to schedule more than the required yearly mandatory evaluation to track progress that the officer is making in the treatment process for his/her mental health problem. Cities may also think of long term cost being associated with the officer diagnosis and treatment for mental health issues as the officers need for extended treatment that may last month or even years.

While it can certainly be agreed that the cost to get these officers help, when considering travel expenses, overtime, cost of appointments with a counselor, is a daunting figure. One should first consider the cost to replace a trained and seasoned officer if an officer is fired for a substance abuse issue, domestic violence arrest, or even at the extreme worst end of the spectrum, taken his/her own life. It has been said that the cost to replace a seasoned officer could be as high as \$100,000 and take upwards of 18 months to achieve, after recruiting, attending the academy, going through the Field Training Officer Program (FTO), and equipping and outfitting a fully trained police officer (Meade, 2015). If one looks at the money amounts on just face value alone, as a pure matter of math, the city and department stand to save a huge sum of money by helping an officer to end or stave off a mental health issue, as opposed to training a new officer to fill their spot vacated after they are terminated from employment, quit or commit suicide. It must also be brought up that the State of Texas has been very good at obtaining and allotting grant money for new programs put in place. These grant funds could be made available to cover some or even all cost associated with annual testing. The state of Texas might also grant money to departments who offer intervention and curative measures to those officers who have

been found to have a mental health issue that needs to be addressed to prevent or stop damaging mental health issues. In addition to these costs, funerals for officers cost thousands of dollars. The department and city should also consider that an officer suicide will affect many of the other officers to the end that they will need to seek out grief counselling at the expense of the city. Dollars and cents can be measured. However, on badges, patches, and vehicles, it says to serve and protect. Officers are covered under this motto also. There is no true way to measure the benefits in a financial manner that the officers, department, and the city gain from being proactive with mental health.

It can be argued that pointing out or finding mental health problems with any officers will automatically earn them a stigma of being a mental case or being weak. Some of the common stigmas associated with having mental illnesses have been quipped to include the person is crazy, dangerous, is self-inflicted, or different from other “normal persons” (Project Energise, n.d.). The officers who suffer from diagnosed mental illnesses may be shunned by other officers. Their family members may be ashamed of people knowing the officer has been diagnosed with a mental health problem. The stigma of being labeled as crazy may follow the officer throughout his or her career. In fact, it may actually cost him his career for fear that any help offered will be useless or less than useful preserving a long career. It may also be thought that the officer, even if leaving the agency where the issue was first discovered, will be seen as non-hirable or as a liability due to the mental illness.

Officers are often hard on one another when it comes to water cooler talk. It is not uncommon the hear officers discussing issues officers are having at home with their

spouses or other family members in the household. Officers discuss the fact that an officer called in again with the “brown bottle flu” which is an indication of an alcohol problem. Or if that one officer calls in sick, some people actually say, “Man I hope Officer Shmuckatelly didn’t kill himself.” This always seems to be followed by nervous laughter by all around. These stigmas and conversations are a real occurrence and with more ammunition from annual mental health evaluations these ever more offensive conversations will be like fully automatic weapons ready to cut any officer down who is diagnosed with a mental health issue needing any form of intervention or treatment.

This could not be further from the real truth. Officers today are more accepting of other officers being human and having diagnosed mental health issues, as long as the officers have admitted that they have a problem, they need help, and actively participate in getting the help they need to overcome the illness. More and more is being found out about mental health and that it is treatable, especially when early detection and treatment occurs. There are even several web pages designed at aiding in reducing the common causes of stigmas associated with mental health issues (Corrigan et al., 2015).

As mentioned above officers are seeking out help from LEMIT and its PCIS course. The fact that these courses are always full and are being branched out to help as many officers as possible is a promising sign that the stigma associated with these mental health issues is on the decline. LEMIT offers courses for peers to come back as teaching peers because they wish the program to grow even faster and reach even more of these officers needing help. Chiefs are sending their officers when they see some form of issue or someone tells them there is a need. This is very clear evidence that mental health issues are being addressed more aggressively at the highest levels

in the organizations. Most departments in the state even offer something in the city policy or in the insurance provided to the officers that allows for a set number of mental health visits to a counselor in a set years' time. This is proof that cities and departments are accepting that mental health issues are arising and that they need to be addressed in a timely manner. The best and most effective way to get these officers the help they need is to have TCOLE mandate annual mental health evaluations. That way officers who are on the ledge about admitting they need help or even asking for help will no longer need to make that a hard decision. The evidence needed for the ones in denial and the push for the one who need the help is automatic.

RECOMMENDATION

As provided above in this paper, there is a clear need for TCOLE to make annual mental health evaluations part of maintaining a peace officer license with the state of Texas. The benefits of this type of mental health evaluation and intervention is easy to see and understand. Peace officers kill themselves at an alarming rate that nearly doubles the officers killed by felonious assaults. That means that officers who enter law enforcement are twice as likely to die at their own hand as they are to die at the hands of another meant to do them harm (Officer Down Memorial Page, 2017). Sadly, the statistics of officer suicide seem to be way under reported to help save the officers families from financial hardships and from embarrassment associated with suicides. Officers suffer from extremely high levels of substance abuse and alcoholism higher than that of the average public (Maldonado, 2018; Lindsay, 2008).

With so many programs available to offer help to these officers, it would certainly help to get them early intervention to help them keep their careers on track. Officers

also have a higher rate of instances of family issues that may even lead to domestic violence. With cities offering mental help in these areas at no cost to officers, they just need a push in the right direction to get the help such as a professional evaluation to show them they need the help. It has been shown that the cost of performing these evaluations is highly significant but the State of Texas has always made it a priority to help pay for any costs they see as a necessity, and this can be located on the Texas Office of the Governor's web page under "grants" (Office of the Texas Governor, Greg Abbott, n.d.). One only has to look at the extreme cost of hiring, training and equipping an officer to the level of the officer lost by not offering mental help to see that it costs 10 times the money to fire the old officer and train up a new one to take his/her place (Meade, 2015). Finally, it was visited that the stigma of mental health issues will make the program unsuccessful. This is a fallacy. Once the officers are required to get mental health evaluation on a yearly basis, these programs will grow exponentially and new programs will arise to help with serving these officers. The plan from here should be clear as glass by now: get the officers evaluated, get them help, keep officers mentally healthy, and benefit the entire state. TCOLE should begin the planning phase now to get a list of evaluators, set up a plan for grants and begin the time frame planning to make this official. The final phase will be finding money from the state of Texas to get these officers the intervention they need to have long and fruitful careers for them, the citizens of the great State of Texas and most importantly their families.

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